

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: INTEGRATED CAPACITIVE MICROFLUIDIC
SENSORS METHOD AND APPARATUS

Attorney Docket Number:: 020859-002710US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 16

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: People's Republic of China
Status:: Full Capacity
Given Name:: Jun
Middle Name::
Family Name:: Xie
Name Suffix::
City of Residence:: Pasadena
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1036 East Del Mar Blvd., Apt. 101
City of Mailing Address:: Pasadena
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 91106

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jason
Middle Name::
Family Name:: Shih
Name Suffix::
City of Residence:: Yorba Linda
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 20420 Via Cadiz
City of Mailing Address:: Yorba Linda
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 92886

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Yu-Chong
Middle Name::
Family Name:: Tai
Name Suffix::
City of Residence:: Pasadena
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3191 East California Blvd.
City of Mailing Address:: Pasadena
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 91107

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/456,019	03/19/03

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::